

09/715775

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>[Redacted]</i>	FILING DATE			
						APPLICANT(S)				
5/7/04						CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						1			
2	/						1			
3	/						1			
4	/						1			
5	/						1			
6	/						1			
7	/						1			
8	/						1			
9	/						1			
10	/						1			
11	/						1			
12	/						1			
13	/						1			
14	<u>5</u>						1			
15	/						1			
16	/						1			
17	/						1			
18	/						1			
19	/						1			
20	/						1			
21	/						1			
22	/						1			
23	/		/				1			
24	/						1			
25	/						1			
26	/			1			1			
27	/			1			1			
28	/			1			1			
29	/			1			1			
30	/			1			1			
31	/			1			1			
32	/			1			1			
33	/			1			1			
34	/			1			1			
35	/									
36	/									
37	/			1			1			
38				2			1			
39				1			1			
40				1			1			
41				1			1			
42				1			1			
43				1			1			
44				1			1			
45				1			1			
46				1			1			
47				1			1			
48				1			1			
49										
50										
TOTAL IND.	<u>263</u>			<u>2</u>						
TOTAL DEP.	<u>34</u>			<u>28</u>						
TOTAL CLAIMS	<u>37</u>			<u>30</u>						